JDC-Brookdale Institute of Gerontology
and Human Development

AGING IN THE JEWISH WORLD
A SURVEY

Jewish Community Programming and Homes for the Elderly in North America

Jack Habib and Karen Windmiller

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JDC-Brookdale Institute of Gerontology and Human Development

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International Coordinating Council on Aging in the Jewish World

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LSOB / NIG
Informatie- & documentatiecentrum
Postbus 220
3980 CE Bunnik
Tel. 03405 - 7 19 99

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PREFACE

In this report we present the North American findings from the second Survey of Aging in the Jewish World. In a departure from the 1985 survey[1] which addressed a broad range of issues related to aging in the Jewish world, the 1989 survey focused on the four topics which highlighted the 1989 Symposium on Aging in the Jewish World:

- Care for the Frail Elderly in Response to Changing Circumstances
- Changes in the Jewish Family: Implications and Responses
- Well Elderly and Early Retirees
- Intergenerational Programs

As with the first survey, the 1989 survey was conducted with the close cooperation of Jewish organizations worldwide. Several core questions from the 1985 survey have been repeated to enable identification of changes and trends in Jewish communities. However, the major focus of this survey is the four selected topics. While the survey in 1985 collected data from Jewish communities only, the 1989 survey also included a questionnaire for Jewish homes for the elderly. Data were collected from 46 Jewish communities and 21 Jewish homes in the USA and Canada.

This report is divided into two parts. Part I contains data from the Survey of North American Jewish Community Programming while

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1 *Survey of Aging in the Jewish World: Worldwide Report*, 1985. Brookdale Institute, Jerusalem.

Survey of Aging in the Jewish World: Africa, Australia, Europe, the Far East and South America, 1985. Brookdale Institute, Jerusalem.

Part II contains data from the Survey of Jewish Homes. Each part first describes the findings according to the four survey themes and then presents the Tables.

In a companion volume, the findings of a Survey of Jewish Community Programming and Homes for the Elderly in Western and Eastern Europe, Australia-New Zealand, South Africa and South America are presented.

ACKNOWLEDGMENTS

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Special thanks must be given for the cooperation of the two coordinators of the North American survey: Community Survey – Joan Fuld, Council of Jewish Federations; Survey of Jewish Homes – Herbert Shore, National Association of Jewish Homes for the Aged.

INTRODUCTION TO THE FOUR SURVEY TOPICS

1. Care for the Frail Elderly: Response to Changing Circumstances

This theme focuses on care for the elderly who are physically or mentally disabled and in need of assistance (such as nursing care, special housing, home help or home-delivered kosher meals) in meeting their daily personal, homemaking or social needs. The emphasis is on the factors which influence the ability of the Jewish communities and homes to provide for the service needs of this group of elderly and how these needs are changing. Changes that may influence the provision of services include:

- Changes in the need for services arising from an increase in the number of disabled elderly or changes in family circumstances.
- Changes in availability of government funds.
- Changes in availability of Jewish community funds.
- Changes in services provided by the non-Jewish sector.
- Changes in the ability to secure Jewish manpower.

This section of the survey investigates some of the ways in which Jewish communities and Jewish homes for the elderly respond to these changes and identifies some successful strategies for addressing these changes.

2. Changes in the Jewish Family: Implications and Responses

This theme is concerned with the changing Jewish family and the effect of these changes on family support for the elderly. The survey is primarily concerned with:

- Investigating the changes in family responsibility for the elderly.
- The affect of changes in the Jewish family on provision of services for the elderly.
- Identifying the type and extent of services offered to family caregivers by the Jewish communities and Jewish homes.

3. Well Elderly and Early Retirees

The well elderly and early retirees are defined as a group who are generally in good health, usually ranging in age from their early sixties to mid-seventies. This group is viewed with special interest as a potential resource to the community. Another issue is the programming and service needs of this group which are very different from the service needs of the older and frailer elderly.

This section of the survey deals with identifying how Jewish communities and homes utilize the well elderly to help meet the needs of the community and homes, and how they are facing the challenge of providing for the growing needs (social, educational, recreational, cultural etc.) of these active and healthy older adults.

4. Intergenerational Programs

Programs to promote intergenerational relationships can focus on relationships within the family and relationships outside the family. This section of the survey focuses on the range of programs of both types offered by Jewish communities and homes. Intergenerational activities include: educational programs, age-integrated recreational, social or cultural events, and intergenerational exchange of care and support.

Part I

FINDINGS FROM A SURVEY OF NORTH AMERICAN JEWISH COMMUNITY PROGRAMMING FOR THE ELDERLY

These findings are based on reports from 41 communities in the United States and five communities in Canada.

1. CARE FOR THE FRAIL ELDERLY: RESPONSE TO CHANGING CIRCUMSTANCES

Changes in the circumstances affecting the need for services and service provision

Communities were asked a number of questions related to how changes in circumstances had affected the need for services. Forty-one communities reported that there has been an increase in the need for services for the frail elderly in recent years, while four communities reported no change. Only 14 communities reported that they had been able to meet this increasing need.

Thirty-three communities responded that the increase in need for Jewish communal services had arisen from an increase in the number of disabled elderly in the community. Twenty-six communities reported that the increase had arisen from changes in family circumstances and a weakening of family support. Other factors which were reported to have contributed to the increase in the need for Jewish communal services are cited in Table 1.

Thirty-eight communities reported that the increasing need for Jewish communal services had created new challenges. Three main types were reported (Table 2):

- Need to provide more services (particularly homemaker, transportation, referral and counseling services).
- Need for organizational changes within the Jewish agencies, including a major emphasis on the need to adapt to a frailer population.
- Need for an increase or improvement in manpower.

Changes in funding and other circumstances

Communities were asked to comment on changes in government funding, community funding, services provided by the non-Jewish sector, ability to secure Jewish manpower, and their response to these changes. Government Funding:

Twenty communities reported changes in government funding for Jewish sponsored services (Table 3). Eight communities reported increased government funding in various areas. Twelve communities reported decreased government funding in various areas with an emphasis on Medicaid cuts. Although the communities' responses varied, the most common response reported was to try and increase alternative funding sources.

Jewish Community Funds:

Eighteen communities reported changes in the availability of Jewish community funds. Two communities reported a slight increase, eight communities reported a decrease and five communities reported no change in funds from fundraising campaigns. Community responses to static or decreased availability of Jewish community funds are presented in Table 4. Once again responses are varied although service cutbacks are in the minority.

Services Provided by Non-Jewish Sector:

Twenty-three communities reported changes in services provided by the non-Jewish sector. Fourteen reported an increase and seven reported a decrease in services provided by the non-Jewish sector. Twenty-one communities reported no change in services provided by this sector (Table 5).

Thirteen communities reported that changes in the non-Jewish sector have affected the demand for Jewish services or had some other kind of affect on these services (Table 6).

Ability to Staff Services for the Elderly with Jewish Personnel:

Twenty-three communities reported no change in the ability to secure Jewish manpower. Three communities reported an increase in the availability of Jewish staff while eight communities reported a decrease. A wide range of community responses to changes in Jewish staffing are presented in Table 7.

Changes in service provision and funding, 1985–1989

As in the 1985 survey, here, too, we distinguished between the provision and financing of services. When asked to summarize the overall trend in the last five years, 29 communities reported that both provision and funding by the Jewish community have increased, while ten communities reported Jewish community provision of services has increased, but financing has declined. This contrasts with the response to the same question four years ago when all of the communities reported increases in both provision and funding. Consistent with the report on increased provision, 39 communities report introducing new services (Table 8). The most frequently added services are transportation and meal programs. Housing, homemaker services, home health care, recreation/social and telephone services were also frequently cited. Ten communities reported discontinuing certain services. The main reason cited for discontinuing services is lack of funds (Table 9). The number of discontinued services is too small to demonstrate any clear trends.

We were interested in finding out whether there had been a change in the share of funding from fees, Jewish communal funds or government funding sources since the last survey (Table 10). Twenty-five communities reported changes in the share of funding. The major types of change reported were: more reliance on Jewish community funds (11 communities) and increased funding from fees

(11 communities). By contrast, in the 1985 survey, very few communities reported changes in the share of fees in funding Jewish services.

The trend reported in the first survey of a shift towards maintaining the elderly in the community – as opposed to institutional placement – continued. The pattern of added community services presented in Table 8 reflects this shift. Only two communities reported a change in emphasis in favor of institutional placement. The reasons given are divided fairly equally between an ideological shift, the availability of funds for home care, and the lack of funds for institutional care.

Planned changes in service provision

Plans to expand services are almost universal. Only three communities have no plans for expansion. The communities are planning to expand a wide range of services, with housing, home care, day care and transportation most frequently reported (Table 12).

Unresolved problems

Communities were asked to cite the major unresolved problems in meeting the needs of the frail elderly for services (Table 13). The responses took two forms: problems of provision and problems related to organizational issues. Funding was the most frequently cited problem. The specific service areas mentioned were diverse. Concerns with homemaking, housing and transportation are the service areas most frequently reported as areas of planned future expansion. Other concerns include changes in attitude toward the needs of the elderly, community involvement, planning, and competition between agencies. This pattern of response indicates

that communities are facing the same types of problems that they were facing at the time of the previous survey.

2. CHANGES IN THE JEWISH FAMILY: IMPLICATIONS AND RESPONSES

Changes in the Jewish family

Twenty-six out of 44 communities reported weakening of family support for the elderly. Twenty-three communities reported that families are less able or willing to assist with daily personal care and homemaking needs. Sixteen communities reported less assistance in financing services, while 18 communities reported less social and emotional support. Seven communities reported less assistance in securing help from formal services, and seven communities reported less support in other areas of assistance (Table 14).

Consequence of changes in the Jewish family on Jewish communal services

Thirty-four communities reported that changes in the Jewish family have led to an increase in the need or demand for Jewish communal services. Three communities reported an increase in need only, and four communities reported no change.

Community services for the family caregiver

A list of services, specifically focusing on family caregivers, was presented and respondents were asked to indicate which services are available in their community.

Services specifically focused on the needs of the family caregivers are provided in thirty-four communities. The most frequently reported services are information and referral, counseling, and daycare for disabled elderly (Table 15).

Community response to changes in the Jewish family

Communities were asked to rank a list of possible community responses to changes in the Jewish family, from "very important" to "not important," and to indicate the "most important" (Table 16). Twenty communities ranked "strengthening formal support system for the elderly to substitute for family care" as the most important community response. Respite or family counseling were also viewed as very important. Efforts to increase informal support through education of non-family members were viewed as less important but still significant.

Innovative programs for family caregivers

Thirteen communities report innovative programs for family caregivers. These programs are presented in Table 17.

Future plans for family caregiver services

Twenty-two communities have future plans for expanding existing services for families caring for the elderly. The type of services that communities are planning to expand are listed in Table 18 and tend to focus on various counseling and training programs.

3. WELL ELDERLY AND EARLY RETIREES

Utilizing the well elderly to meet the needs of the community

In 36 communities the well elderly are utilized as volunteers but all 46 communities are experiencing difficulties in recruiting (Table 19). Thirty-three communities reported that they have programs focused specifically on mobilizing elderly volunteers and 28 have programs focused specifically on mobilizing early retirees. Forty-five communities consider possible the expansion of voluntarism by the elderly in their community.

Various types of innovative approaches focused on mobilizing the well elderly were reported by sixteen communities. These approaches, described in Table 20, generally refer to day care, educational services, volunteer programs, employment, outreach, social/ recreational and transportation.

Providing for the needs of the well elderly

Twenty communities are involved in promoting employment opportunities for the well elderly. Sixteen communities provide vocational services, seven communities provide preparation for retirement programs, one community has a productive older workers program and one community has a sheltered workshop (Table 21).

Forty-six communities identified the unmet needs of the well elderly on which more attention should be focused (Table 22). Unmet needs fall into three main categories: service needs (with the major emphasis on social and recreation programs and somewhat on housing and transportation); life issues (such as financial need, remaining active in the community, maintaining independent lives and coping with the process of aging); and organizational issues within the agencies (with the main emphasis on planning for future needs).

Nine communities report innovative programs focused on the needs of the well elderly. These programs are described in Table 23.

Plans to expand existing services for well elderly

Twenty-two communities have plans to expand services for the well elderly. The main areas of expansion are socialization/recreation, volunteer and education programs (Table 24).

4. INTERGENERATIONAL PROGRAMS

Intergenerational programs available in the community

Communities were asked to indicate which types of intergenerational programs are available in their community and the frameworks (schools, old-age homes, community centers, youth clubs and synagogues) in which the programs take place. As specific programs may have various dimensions, they may fall into more than one category. Thirty communities have cultural or recreational activities focused on promoting age-integration. Twenty-seven communities have educational programs on aging and intergenerational relations. Twenty communities have programs that focus on strengthening intergenerational relations within the family. The above three types of programs most frequently take place in community centers. Twenty-six communities have programs for young volunteers helping the elderly. These programs most frequently take place in old-age homes and community centers. Twenty-three communities have programs for elderly volunteers helping younger persons. These programs most frequently take place in schools and community centers (Table 25).

Innovative intergenerational programs

Eighteen communities report innovative intergenerational programs. These programs are described in Table 26.

Plans to expand intergenerational programs

Nine communities plan to develop or expand intergenerational cultural, recreational and social activities. One community plans to expand education programs on aging, five communities plan to expand programs for young volunteers helping elderly persons, eight communities plan to expand programs for elderly volunteers helping younger persons, six of whom have plans for foster grandparent programs.

Table 1: Factors Contributing to the Increase in Need for Services for the Elderly[1]

	Number of Responses
Changes in age structure – more and older elderly	21
More isolated elderly	10
Frail elderly moving into community to be near adult children	5
Returnees from sunbelt cities due to loss of spouse or increased debilitation	1
Family caregivers less available to care for elderly parents[2]	6
Increasing burden on family caregivers	2
Community recognition and identification of need/community outreach	6
Increasing awareness and willingness by elderly to use services	4
Earlier hospital discharge[3]	3
Increasing cost of private help	1
Loss of entitlement programs	2

1 45 responses obtained. Up to 5 factors could be listed.

2 Four communities reported increasing need due to family caregivers entering the work force.

3 Due to medical technology, decrease in medical reimbursement or DRG's.

Table 2: New Challenges Facing Jewish Communal Services[1]

	Number of Responses
A. Increased Need for Service Provision	**23**
Growing gap between needs and resources	2
Services	5
Low-cost services	2
Non-sectarian services	1
Health-care service	2
Homemaker service	7
Case management	2
Respite services	2
Nutritional services	1
Referral and counseling services	2
Transportation services	6
Housing programs	9
Package of support services	1
Intermediate assisted care	2
B. Organizational Changes	**7**
Sophisticated reporting	1
Need to foster cooperation with service provider	1
Increase in outreach	1
Adaptation to a frailer population[2]	4
C. Need for Additional Manpower	**8**
Staff	3
Volunteers	2
Quality of manpower	3

1 36 responses obtained. Up to 3 categories could be listed.

2 One community pointed out the need to reach both the financially needy and affluent frail elderly.

Table 3: Changes in Government Funding of Jewish Services for the Elderly and Response to these Changes[1]

	Number of Responses
Changes in Government Funding	
Yes	20
No	19
Type of Change and Response	
A. Increased Government Funding	**8**
Homecare	1
State Medicaid funding and increased Medicare payments	1
Housing	1
Intermediate care facility	1
Kosher nutrition program	1
Long-term care beds	1
Reimbursement to nursing homes	1
B. Decreased Government Funding	**12**
Medicaid reimbursement	9
Medicare funding for hospital and home care	1
Food entitlement and housing	1
Transportation	1
Nursing home	1
Response to Decreased Government Funding	
Lobbying the state	1
Cutbacks in services	2
Increased funding by Jewish organizations	4
Provision of emergency financial aid	1
Looking to alternative funding sources	1
Longer waiting list	1
Fees charged to recipients	2
C. Changing Conditions Related to Receipt of Government Funds	
Increase in regulatory requirements and paperwork	1
Fluctuation of reimbursement rate	1
Response to Changing Conditions	
Increased staff training and supervision to deal with new requirements	1
D. Other	
Have not sought government funding	2
Government funding not keeping up with community need	2

1 42 responses obtained. Up to 3 changes and responses could be listed.

Table 4: Changes in Availability of Jewish Community Funds and Response to these Changes[1]

	Number of Responses
Changes in Jewish Community Funds	
Yes	18
No	28
Type of Change	
Slight Increases	2
Static Fundraising Campaigns	5
Decrease in Funds	8
Response to Static or Decreased Availability of Jewish Community Funds	
High priority given to aging services (increase allocation)	2
Referral to non-Jewish services	1
Cuts in services	4
Requests for larger allocations for aging services	1
Seeking additional funding from other sources	6
Future mid or end of year shortfalls will be affected	1
Longer waiting lists	1
Fees charged to recipients	1
No change in service provision	1

1 46 responses obtained. Up to 3 changes and responses could be listed.

Table 5: Changes in Services for the Elderly Provided by the Non-Jewish Sector and Response to these Changes[1]

	Number of Responses
Changes in Services Provided by Non-Jewish Sector	
Yes	23
No	21
Types of Change and Response	
A. Increase in Services Provided by Non-Jewish Sector	**14**
More county programs	1
Respite care	2
Homemaker and "Visiting Nurses"	2
Services at senior centers	1
Transportation services	2
Services provided by non-profit sector	1
Assistance with utility bills	1
Private nursing home	1
Upper income congregant housing	1
Day care	1
Health and social services	1
Response to Increase in Services Provided by Non-Jewish Sector	
Better coordination and referral with non-Jewish sector	3
Increased use of non-Jewish services	1
B. Decrease in Services Provided by Non-Jewish Sector	**7**
Adult Day Care	1
Housing	2
Low cost homemaking service	2
Respite care	1
Transporation service	1
Preventive services	1
Response to Decrease in Services Provided by Non-Jewish Sector	
Jewish agencies providing more services	3
Static funding by non-Jewish agencies	1
Dialogue with funding sources	1

1 44 responses obtained. Up to 3 changes and responses could be listed.

Table 6: Effect of Changes in Services Provided by the Non-Jewish Sector on Jewish Services[1]

	Number of Responses
Lower demand for Jewish services[2]	2
Competition for funds, clients and manpower	3
Broader range of services available	1
More referral options	1
Increased demand for Jewish services	5
Jewish Family Services providing services to both Jews and non-Jews	1

1 43 responses obtained. Up to 3 categories could be listed.

2 One community mentioned nursing homes and another mentioned transportation.

Table 7: Changes in Ability to Staff Services for the Elderly with Jewish Personnel and Response to these Changes[1]

	Number of Responses
Changes in Ability to Secure Jewish Personnel	
Yes	20[2]
No	23
A. Increase in Availability of Staff	**3**
People with geriatric experience	2
Volunteers	1
B. Decrease in Availability of Staff	**8**
Volunteers	2
Social Workers	4
Professionals	2
Response to Decrease in Availability of Staff	
Attempt to provide salary incentives to staff[3]	1
Use more volunteers	2
Use of non-professional staff	1
Referrals to non-Jewish sector	2
Training of non-Jewish staff	3
Looking for ways to improve recruitment	1
JCFS subsidizing graduate social work education for employees	1
Longer waiting list and reduced services	1
C. Other	
Having Jewish personnel has not been viewed as a critical need	1

1 43 responses obtained. Up to 3 changes and responses could be listed.

2 Nine communities gave no further information about the nature of this change.

3 Limited salary increases.

Table 8: Services Introduced in the Last Five Years and Reasons for Introduction[1]

	Number of Responses
Services Introduced	
Yes	39
No	6
Type of Service	
Alzheimer's program/clinic	6
Case management	2
Counseling services	2
Social work	3
Information and referral	8
Day care	4
Education	3
Geriatric and health assessment	2
Home health care/senior aid program	3
Homemaker service	9
Visiting services	7
Housing	6
Intergenerational programming	3
Meal programs	11
Nursing home/hospice	2
Outreach	4
Telephone services: emergency and reassurance	8
Psychiatric services	1
Recreation/social	8
Religious services	2
Respite care	3
Special services for the frail elderly[2]	6
Support groups	7
Transportation	10
Volunteer programs	3
More SNF beds	1
Senior Crime Watch[3]	1
Lifeline: computer connection to hospital[4]	1
Financial management/legal services	1

Table 8: Services Introduced in the Last Five Years and Reasons for Introduction (cont.)

	Number of Responses
Reasons for Introduction of Services	
Funding received	3
Health promotion	2
Recognition of increased need for services	14
Prevent institutionalization/maintain independence	10
Social contact	5
Support for family caregivers	5

1 44 responses obtained. Up to 6 services and reasons could be listed.

2 One community introduced aides to assist elderly getting on and off community transportation another community introduced homebound services.

3 Introduced because of high crime rate in Miami.

4 Family lifeline out-of-town families to monitor aged in Miami.

Table 9: Services Discontinued in the Last Five Years and Reasons for Discontinuation[1]

	Number of Responses
Services Discontinued	
Yes	10
No	31
Type of Service Discontinued	
Day care	1
Homemaker service	2
Immigrant service	1
Nursing home visitation	1
Meal programs	1
Respite care	2
Special projects for frail elderly[2]	3
Support groups	1
Chaplaincy services	1
Reasons for Discontinuation of Services	
Lack of funds	7
Lack of demand/response for service	2
Another source of provision became available	2
Lack of staff	2

1 41 responses obtained. Up to 5 services and reasons could be listed.

2 One community discontinued an activity therapy program for homebound elderly.

Table 10: Changes in Share of Funding from Fees, Jewish Communal Funds or Government Funding Sources[1]

	Number of Responses
Changes in Share of Funding	
Yes	25
No	17
Type of Change	
Decline of government support	2
Increase of government support	6
More reliance on Jewish community funds	11
Less reliance on Jewish community funds	3
Greater emphasis on third party funding	4
Increased funding from fees	11
Decreased funding from fees	1
Stable government funding	2
Increased Medicare and Medicaid reimbursement	1

1 42 responses obtained. Up to 3 categories could be listed.

Table 11: Shift in Emphasis Between Providing Services for the Elderly in the Community and Placing Elderly in Institutional Settings[1]

	Number of Responses
Type of Shift	
Emphasis on community	24
Emphasis on institutions	2
Reasons for Shift Toward Providing Services in Community[2]	
Community services more cost effective	6
Increase in demand for community services	4
Limited funds for institutionalization	7
Prevent institutionalization/maintain independence	9
Trend in gerontology	1
Increase in availability of funds	6
Increase in availability of community services	5
Reasons for Shift Toward Providing Services in Institutions[2]	
Lack of home services	1

1 43 responses obtained.

2 Up to 3 reasons could be listed.

Table 12: Plans to Develop or Expand Services for the Frail Elderly[1]

	Number of Responses
Yes	41
No	3
Type of Services	
Case management	5
Counseling services	2
Information and referral	3
Day care	8
Education	3
Expansion of existing programs	2
Frail elderly program	2
Home health care	1
Homemaker service	10
Hospice program	2
Housing	12
Intergenerational programming	1
Meal programs	5
Medical/clinical	3
Nursing home	5
Outreach	5
Telephone services: emergency and reassurance	2
Respite care	2
Socialization/recreation	3
Support groups	2
Transportation	7
Volunteer programs	2

1 44 responses obtained. Up to 3 services could be listed.

Table 13: Major Unresolved Problems in Meeting Need for Services for the Frail Elderly[1]

	Number of Responses
A. Service Provision	
Case management	1
Day care	1
Home health care	3
Homemaker service	10
Housing	9
Information and referral	2
Meal programs	2
Mental health services	1
Nursing home	2
Quality control	1
Respite care	2
Services for poor	3
Support groups	3
Transportation	5
Volunteer programs	2
Inadequate SII levels	1
Poor services to assist in transfer from independence to dependence	1
B. Organizational Issues Within the Agencies	
Change in attitude toward needs of elderly	4
Community involvement	1
Competition between agencies	1
Funding	17
Planning and prioritization	3

1 42 responses obtained. Up to 3 categories could be listed.

Table 14: Weakening of Family Support for the Elderly

	Number of Responses
Yes	26
No	18
Expression of Weakening of Family Support[1]	
Families are less able or willing to:	
Assist their elders in their daily and homemaking needs	23
Help finance services for their elders	16
Provide social and emotional support	18
Secure help from formal services	7
Other	7

1 44 responses obtained. All relevant responses could be listed.

Table 15: Services Specifically Focused on Needs of Family Caregivers

	Number of Responses
Yes	34
No	10
Type of Service[1]	
Training programs for adult children on caring for their elderly parents	24
Handbooks prepared by the Jewish community on caring for the elderly	4
Information and referral services for family caregivers	33
Counseling for family carers	35
Family support groups	28
Daycare for the disabled elderly	33
Temporary relief for weekends or longer periods	21
Other	7

1 41 responses obtained. All relevant responses could be listed.

Table 16: Ways of Responding to Changes in the Jewish Family[1]

	Most Important	Very Important	Important	Not Important
Strengthening family ties and willingness to care through education programs	8	20	21	3
Strengthening formal support systems for the elderly to substitute for family care	20	31	12	1
Strengthening family support services such as respite, caregiver counseling and training	11	34	11	–
Strengthening informal support by non-family members	1	13	26	5

1 44 responses obtained. Communities ranked each type of response according to the scale: very important, important and not important. They were also asked to identify the response they view to be most important.

Table 17: Innovative Programs for Family Caregivers

	Number of Responses
Yes	13
No	31

Akron, OH	Family Connection
Albuquerque, NM	In-home respite care
Los Angeles, CA	Response center for families
Newport News, VA	Support groups through Area Agency on Agency (AAA)
New York, NY	Training program for caregivers of Alzheimer's patients
Philadelphia, PA	Philadelphia Geriatric Center provides counseling for caregivers, new joint services for Jewish caregivers, children of aging parents support groups – Area Agency on Agency family caregivers program
Pittsburgh, PA	Intergenerational National Council on Aging programs
Riveredge, NJ	Adult day care
Rochester, NY	Seminars on "How to become financially prepared for the costs of Nursing Home Care?"
Wayne, NJ	Adult Children of Aging Parents – consultation to children of aged. "Caring Connections" – National Elder Support Network. Counseling for those unable to mobilize themselves on behalf of their parents, due to unresolved sibling issues

Table 18: Plans to Develop or Expand Services for Family Caregivers[1]

	Number of Responses
Yes	22
No	20
Future Plans	
Support groups, education and training programs	11
Hospice programs/respite care/day care	6
Housing	4
Information and referral	2
Rabbinic counseling	1
Research	2

1 42 responses obtained. Up to 3 categories could be listed.

Table 19: Well Elderly Volunteers Providing Services in the Jewish Community[1]

	Number of Responses
Yes	36
No	10
Reasons for Lack of Well Elderly Volunteering	
Elderly have not been approached	4
Difficulty recruiting elderly due to the following reasons:	
• not willing to make commitments after a lifetime of working	2
• busy social life	1
• frail elderly are psychologically threatening to well elderly	2
• never volunteered before	1

1 46 responses obtained. Up to 3 reasons could be listed.

Table 20: Innovative Approaches Focused on Mobilizing the Well Elderly to Meet the Needs of the Community

	Number of Responses
Yes	16
No	28
DAY CARE	
Riveredge, NJ	Participants in day care programs
EDUCATIONAL SERVICES	
Montreal,Canada	Tutoring in Jewish day schools, political activism
Philadelphia,PA	"Jewish Family Life Education Players"– volunteers performing skits followed by discussion
Riveredge, NJ	JCC Peer Learning Program
New York, NY	ECRA – program where retirees teach other seniors
ELDERLY VOLUNTEER PROGRAMS	
Cleveland, OH	"Senior Cook-out"–meals for frail elderly cooked by seniors
Dayton, OH	Women's auxiliary of nursing home
Flint, MI	Service with Love– provides volunteers in the area of transportation, visitation and telephone reassurance
Grand Rapids, MI	Retired Senior Volunteer Program (RSVP)
Los Angeles, CA	Family friends-well elderly serve as visitor, friend, support to families with disabled or chronically ill children
Miami, FL	Working with synogogue sisterhood to provide friendly visiting
Montreal, Canada	Telephone connection with latch-key children
New York, NY	HELP – Links homebound isolated older adults with well elderly volunteers in Brooklyn

Table 20: Innovative Approaches Focused on Mobilizing the Well Elderly to Meet the Needs of the Community (cont.)

Philadelphia, PA	Friendly visitor program
Wilkes-Barre, PA	Retired Men's club is available to provide minyan for funerals. Also visit nursing homes for Shabbat and holidays and homebound
EMPLOYMENT SERVICES	
Philadelphia, PA	Recruitment of retired professionals and executives as special consultants
OUTREACH	
Riveredge, NJ	Telephone reassurance, friendly visitors
SOCIAL/RECREATIONAL PROGRAMS	
Dayton, OH	Leisure time seniors
Denver, CO	Seniors run their own weekly social group "the Friendship Club"
Philadelphia,PA	Project JOY-foster grandparent program
Riveredge, NJ	Retired Senior Volunteer Program (RSVP)
Wilkes-Barre, PA	Women knit lap robes and sew oversized bibs to be given to nursing homes in area. Also make soft dolls for hospitalized children
TRANSPORTATION	
Cleveland, OH	"Senior Express" transportation program

Table 21: Jewish Community Involvement in Promoting Employment[1] Opportunities for Well Elderly

	Number of Responses
Yes	20
No	26
Type of Service	
Preparation for retirement	7
Sheltered workshop	1
Vocational service[2]	16
Productive Older Worker Program	1

1 46 responses obtained. Up to 3 categories could be listed.

2 Counseling, employment training and referral programs.

Table 22: Primary Unmet Needs of the Well Elderly[1]

	Number of Responses
A. Services	
Advocacy groups	1
Education	4
Employment opportunities	1
Health-related activities	2
Housing	8
Jewish institution activities	1
Medical services	1
Nutrition services	1
Programming for men	1
Programs to ease transition from employment to retirement	3
Socialization/recreation	18
Support groups[2]	6
Transportation	6
B. Life Issues	
Keeping elderly involved in the community	4
Elderly maintaining independent lives	4
Coping with process of aging	2
Financial need/meeting increasing health care costs	1
C. Organizational Issues Within the Agencies	
Affordable programming	1
Community involvement	1
Coordination and planning of activites	1
Planning for future needs	7
Educating the community[3]	1

1 46 responses obtained. Up to 3 categories could be listed.

2 Two types of support groups reported were a group for widows and a group for personal growth.

3 What services are available and how to become involved.

Table 23: Innovative Programs Focused on Needs of the Well Elderly

	Number of Responses
Yes	9
No	33

EDUCATIONAL SERVICES	
Columbus, OH	Institute for Retired Professionals — a peer-led program.
Dayton, OH	College classes at the Center for Older Adults.
London, Canada	Advisory Committee for outreach and education programs for well elderly.
Philadelphia, PA	Adult education at JCC-ranging from physical fitness and creative arts to academic subjects to Bar Mitzvah classes and study tours.
Riveredge, NJ	Seniors lead YMHA programs.
Wilkes-Barre, PA	Judaic Studies Elder Hostel.
ELDERLY VOLUNTEER PROGRAMS	
Flint, MI	Involving well elderly in kosher meal preparation, transportation and visitation.
HEALTH SERVICES	
Philadelphia, PA	Premier Years-Albert Einstein Medical Center program offering health screening, benefits and insurance counseling and wellness and health program.
SOCIAL/RECREATIONAL PROGRAMS	
Akron, OH	Senior Workers Action Program-newly retired men's group at JCC.
Dayton, OH	Singing group-musical shows on tour to less well elderly.
Grand Rapids, MI	"Cookie-Craft Day"– seniors bake for community functions.
Hamilton, Ontario	Well elderly are interested in day trips. We go to the theater once a month in winter and every week in summer.

Table 23: Innovative Programs Focused on Needs of the Well Elderly (cont.)

Miami, FL	Senior Showcase at Michael-Ann Russell JCC. Monthly excursion, twice monthly speakers with buffet supper and dancing. Twice weekly supervised outdoor walking and light excerise program.
	Senior Care Foundation.
Riveredge, NJ	Self-governing senior adult groups.
Wilkes-Barre, PA	Dancercise, exercise in pool 2 times a week, non-pressure bowling, short exercise before weekly lunch program.
	Travel-day trips, week trips to Catskills, long trips to Israel, California.

EMPLOYMENT PROGRAMS

New York, NY	Senior Aides Program – Stipend paid employment experience in not-for-profit agencies.

Table 24: Plans to Develop or Expand Existing Services for the Well Elderly[1]

	Number of Responses
Yes	22
No	22
Type of Plan	
Congregation involvement	1
Education	6
Health-related activities[2]	3
Housing	3
Meal programs	2
Socialization/recreation	11
Transportation	1
Well elderly involvement in volunteer programs	8
Pre-retirement counseling	1
Trips	1

1 44 responses obtained. Up to 3 categories could be listed.

2 Including exercise classes, health and physical education.

Table 25: Intergenerational Programs Available in the Community and the Frameworks in which they Take Place[1]

	Total	Framework				
		Schools	Old-age homes	Community centers	Youth clubs	Synagogues
Type of Program						
1. Cultural or recreational: focused on promoting age–integration	30	14	12	22	7	10
2. Educational programs on aging and intergener–ational relations	27	9	5	16	4	11
3. Young volunteers helping the elderly	26	8	16	16	8	6
4. Elderly volunteers helping younger persons	23	13	4	14	1	4
5. Programs focused on strengthening intergenerational relations within the family	20	4	4	12	3	7
6. Other	3	1	1	1	–	–

1 All relevant responses could be listed. A specific program may have various dimensions and fall into more than one category.

Table 26: Innovative Intergenerational Programs

	Number of Responses
Yes	18
No	25

Akron, OH	Pre-schoolers and newly retired seniors help pre-schoolers learn to cut, bake, etc. Older people did arts and craft work at Hillel Day School and told their life story.
Atlanta, GA	Teens in motion intergenerational program at JFS.
Boca Raton, FLA	Grandparent/grandchild vacation program– day trips for when grandchildren visit-include transportation and fully planned itinerary.
Columbus, OH	Program on aging for people aged 20–30. "Stepping Stones"– programming between pre-schoolers, parents and residents of Heritage House.
Dayton, OH	Foster grandparents, senior help at nursery school.
Grand Rapids, MI	Game Day for seniors and youth, Jewish music month program for seniors-teens to entertain seniors.
Indianapolis, IN	Teenagers provide assistance to residents in 202 housing program. Helping residents with household chores.
Miami, FL	BBYO – Ultimate Senior Prom. Teenagers from the local B'nai B'rith club escort seniors to a prom.
Minneapolis, MN	Getting involved in Big Brother/Big Sister program with frail elderly clients.
Montreal, Canada	Grandparent connection, observation nursery-Golden Age Center.
New Orleans, LA	"Ship-a-Box"– NCJW volunteers working with senior citizens to make clothes for Israeli children.

Table 26: Innovative Intergenerational Programs (cont.)

New York, NY	Seniors "adopting" daycare children. Working with children on a regular basis.
Philadelphia, PA	High school students teaching senior adults computer skills, elementary school children helping Russian-speaking elderly immigrants to learn English. Project JOY. Using well elderly volunteers as foster grandparents to young children in single parent or troubled families.
Pittsburgh, PA	Living-at-Home Program, University of Pittsburgh "Generations Together" program.
Riveredge, NJ	Elderly persons teach English to non-English speaking youth.
Sioux City, IA	Religious education program has established an "Adopt a Grandparent" program with nursing home.
Toledo, OH	Parents with babies visiting nursing home, elders volunteering in reading programs at schools, Sunday school rotation through nursing homes.

Table 27: Plans to Develop or Expand Intergenerational Programs[1]

Type of Intergenerational Program	Number of Responses
A. Cultural, Recreational and Social Activities	**9**
Band or choir	2
Play with school and senior adults	1
Youth compiling life histories on seniors	1
Programs for youth to interact with elderly	4
Elderly telling their life stories to school children	1
B. Education Programs on Aging	**1**
C. Young Volunteers Helping Elderly Persons	**5**
Delivering of kosher home meals by youth	1
Visitation, telephone calls, cards	1
Assistance on Jewish holidays	1
Assisting homebound with housekeeping	1
Youth group "mitzvah day" to provide chore services to elderly	1
D. Elderly Volunteers Helping Younger Persons	**8**
Telephone reassurance for "latch-key" children	1
Newly retired men helping in pre-school	1
Foster grandparent program	6

1 36 responses obtained. Up to 5 programs could be listed.

Part II

FINDINGS FROM A SURVEY OF NORTH AMERICAN JEWISH HOMES FOR THE ELDERLY

Twenty-one North American homes for the Jewish elderly are included in this report. Three homes have less than 100 residents, nine homes have 101 to 300 residents, seven homes have 301 to 1,000 residents, and two homes have more than 1,000 residents.

1. CARE FOR THE FRAIL ELDERLY: RESPONSE TO CHANGING CIRCUMSTANCES

Changes in the need for institutional care and response to change

The homes were asked to respond to a number of questions related to changes in the need for institutional care. Sixteen homes reported that there has been an increase in the need for institutional care in recent years, one home reported a decrease and three homes reported no change. Thirteen homes reported that they had been able to meet this increasing need.

Fifteen homes reported how they had responded to changes in the need for institutional care for the elderly (more than one response could be reported.) Ten homes expanded the nursing home facility. Nine homes expanded services within the home, including services for the mentally impaired, assisted living, outpatient services, upgraded medical care, rehabilitation and convalescence program and a pilot program for terminally ill. Other responses cited the expansion of community services, organization and policy changes, and expansion of manpower (Table 28).

Changes in funding and other circumstances

The homes were asked to comment on changes in government funding, community funding, services provided by the non-Jewish sector, ability to secure Jewish manpower, and their response to these changes.

Government Funding:

Ten homes reported changes in government funding for Jewish homes for the elderly (Table 29). One home reported increased government funding, four homes reported reduced government funding and five homes reported a gap between rising costs and reimbursement rates. The most common response to reduced government funding was increased fundraising.

Jewish Community Funds:

Thirteen homes reported changes in Jewish community funding (Table 30). Three homes reported no change in Jewish community funding, seven homes reported increasing competition for funds and six homes reported a decrease in community funding. None of the homes reported an increase. As in the case of government funding, the most common response to changes in Jewish community funding was increased fundraising. Other responses included increasing residents' fees, looking at for-profit ventures, encouraging endowments, and postponing major renovations.

We wanted to know what changes there had been in the proportion of the Homes' funding from fees, Jewish communal funds and government funding sources. Twelve homes reported changes in the proportional amount of funding from these different sources (Table 31). In six homes the share of government funding dropped. Only one home cited an increase in state reimbursement. Other types of change were an increase in funding from fees (two homes) and a reduction in Jewish communal funding (two homes).

Services Provided by Non-Jewish Sector:

Thirteen homes reported changes in services provided by the non-Jewish sector (Table 32). Five homes reported an increase in non-Jewish services. Two homes reported increased marketing by the non-Jewish sector to private pay clients. Two homes reported a

decrease in services provided by the non-Jewish sector. In one home, this decrease had led to the admission of non-Jewish residents.

Ability to Staff Services for the Elderly with Jewish Personnel:

Fourteen homes reported a decrease in the availability of Jewish personnel. None of the homes reported an increase. Responses to the decrease are quite varied and are presented in Table 6.

Services for the elderly in the community provided by the home

Twenty of the homes surveyed provide services for elderly living in the community. Ten of the homes serve fewer than 100 elderly living in the community, while five serve 100–300. Of the larger homes, three serve 300–1,000 people living in the community and three others serve more than 1,000 community elderly. The range of services provided by the homes is extensive (Table 34). The most frequently cited services are adult day care (13 homes) and meal programs (11 homes). Other services reported include housing, home care, rehabilitation, programs for families, and respite services.

Homes were asked whether changing circumstances (e.g. government or community funding, non-Jewish services or Jewish manpower) have affected their services for elderly in the community. Seven homes reported an expansion of their services for community elderly, two homes reported a reduction in their services for community elderly, and 11 homes reported no change.

Recent developments and plans for the future

Eighteen homes reported plans to develop or expand services for the elderly living in the community (Table 35). The range of services

reported is very broad, however by far the most frequently reported area of expansion is housing. Other areas of planned service expansion include day care and Alzheimer's care programs.

Ten homes reported that they had plans to increase their number of beds and 10 homes reported no planned changes. None of the homes had plans to decrease the number of beds.

Unresolved problems

Major unresolved problems in meeting the need for the institutional care were reported by 19 homes (Table 36). The responses took two forms: problems that affect all or most services and specific problematic services. As in the survey of community programming, the major concern to emerge was funding (15 homes), followed by staffing (nine homes).

2. CHANGES IN THE JEWISH FAMILY: IMPLICATIONS AND RESPONSES

Changes in the Jewish family

Nine homes for the elderly reported a weakening of family involvement in the care of the elderly residing in their old age home. Four homes reported that families were less able or willing to assist with daily personal care and homemaking needs, seven homes reported less assistance in financing services, three homes reported less social and emotional support, three homes reported less assistance in securing help from formal services, and three homes reported less support in other areas of assistance (Table 37).

Services for the family caregiver

Twenty-one homes reported that they provide services focused on the needs of the family caregivers (Table 38). The most frequently reported services of this type were counseling and support groups. Other services for family caregivers include family councils or associations, joint resident/family social activities, publication of a monthly bulletin, and memorial services.

Innovative programs for family caregivers

Eleven homes reported innovative programs for family caregivers (Table 39). These include an ethics committee, social programs, work activities, volunteer services, education and religious programs, and caregiver support groups.

Future plans for family caregiver services

Twelve homes have plans to expand existing services for families of institutionalized elderly. These include support groups, volunteer programs, family involvement in decisionmaking, seminars and workshops, special care unit for memory impaired, and increased involvement in caregiving (Table 40).

3. WELL ELDERLY AND EARLY RETIREES

Utilizing elderly volunteers to provide services in Jewish old age homes

Nineteen homes utilize elderly volunteers to provide services in Jewish old age homes. They serve in a wide range of capacities

including conducting adult day health and leisure programs, assisting with accounting and computers, teaching adult education classes, and providing emotional support to residents. Ten homes reported innovative approaches to mobilize the well elderly (Table 41).

4. INTERGENERATIONAL PROGRAMS

Intergenerational programs available in the community

The homes were shown a list of intergenerational programs and asked to indicate the programs they provide. As specific programs may have various dimensions, they may fall into more than one category. The 21 homes reported 21 cultural or recreational activities focused on promoting age-integration, 14 educational programs on aging and intergenerational relations, 19 programs for young volunteers helping elderly persons, 10 programs for elderly volunteers helping younger persons, and 11 programs that focus on strengthening intergenerational relations within the family.

Innovative intergenerational programs

Twelve homes reported innovative intergenerational programs, described in Table 42.

Plans to expand intergenerational programs

Ten homes plan to expand intergenerational programs. Four homes plan to expand intergenerational cultural, recreational and social activities. Two homes plan to expand education programs on aging and two homes plan to expand programs for young volunteers helping elderly persons (Table 43).

Table 28: Changes in the Need for Institutional Care and Response to these Changes

	Number of Responses
Change in Need for Institutional Care[1]	
Increase	16
Decrease	1
No Change	3
Response to Change in Need[2]	
Yes	15
No	2
A. Expansion of old age home facility	**10**
Increase of facilities for dementia and Alzheimer's patients	3
Planning a second site	1
Rebuilding physical plant	1
Additional beds	4
B. Expansion of old age home services	**9**
Services for mentally impaired	1
Assisted living	1
Outpatient services	2
Upgraded medical care	1
Rehabilitation and convalescence program	2
Psychiatric services	1
Pilot program for terminally ill	1
Special services for nursing patients	1
C. Expansion of community services	**3**
Outreach	1
Adult day care	2
D. Organization and policy changes	
Emphasis on severely debilitated patients	1
Rehabilitation patients discharged to community	1
Formation of planning and development committee	1
Reimbursement	1
Conversion of HFA beds to ICF beds[3]	1
E. Expansion of manpower	**1**
Training of staff to provide high-tech nursing	1

1 Change in need: 20 responses obtained.
2 Response to change in need: 17 responses obtained. Up to three types of responses could be listed.
3 HFA (Homes for aged) ICF (intermediate care facility).

Table 29: Changes in Government Funding and Response to these Changes[1]

	Number of Responses
Yes	10
No	11
Type of Change and Response	
A. Increased government funding	**1**
B. Reduced government funding	**4**
Response to reduced government funding	
More efficient operation	1
Political use of reserve funds	1
Increased fundraising by Jewish home[2]	3
Look into for-profit ventures	1
C. Responses to gap between costs and reimbursement rates	**5**
New reimbursement system	1
Fewer patients eligible	1
Reimbursement methodology	1
Added services which must be provided with no increase in reimbursement	1
Fewer nurses available	1

1 21 responses obtained. Up to three changes and responses could be listed.

2 One home cited raising funds by working at the public policy level.

Table 30: Changes in Jewish Community Funding and Response to these Changes[1]

	Number of Responses
Changes in Jewish Community Funding	
Yes	13
No	8
Type of Changes and Responses	
A. Increased Jewish community funding	0
B. No change in Jewish community funding	3
Funds remain the same while costs increase	1
Flat federation campaigns	2
C. Increasing competition for funds	7
D. Decreased Jewish community funding	6
Lower allocation for local services over past year	1
Reduction in federation funds	3
Change in tax law[2]	2
Response to changes in Jewish community funding	
Increased private pay (resident fees)	2
Fundraising	7
Agency looking at for-profit ventures	1
Encouraging endowments	2
Postponing major renovations	1

1 21 responses obtained. Up to three changes and responses could be listed.

2 Two institutions claimed that charitable giving has declined since the Tax Reform Act of 1986.

Table 31: Changes in Proportion of Funding from Fees, Jewish Communal Funds or Government Funding Sources[1]

	Number of Responses
Changes	
Yes	12
No	8
Type of Change	
Reduction in government funding sources	6
Increase in funding from fees	2
Reduction in Jewish communal funding	2
Increase in state reimbursement	1

1 20 responses obtained. Up to three changes could be listed.

Table 32: Changes in Services for the Elderly Provided by the Non-Jewish Sector, the Consequences and Responses[1]

	Number of Responses
Changes in Services Provided by Non-Jewish Sector	
Yes	13
No	6
A. Increase in services provided by non-Jewish sector	5
Respite care	1
Community-based services and programs[2]	4
Outpatient services	2
Homes and housing	2
Provision of kosher food	1
Hospital outreach program	1
Response to increase in services provided by non-Jewish sector	
Broader range of services available	2
Increase in use or willingness to use non-Jewish services	3
Increase welcomed but insufficient to meet need (and quality of care is sometimes a problem)	1
B. Increased marketing by non-Jewish sector to private pay clients	2
Response to increased marketing by non-Jewish sector to private pay clients	
No effect on occupancy in Jewish home as yet	1
Marketing campaign to stress Jewish environment and advantage of non-profit Jewish home	1
C. Decrease in services provided by non-Jewish sector	2
Fewer long-term care beds for indigent	1
Less funds	1
Response to decrease in services provided by non-Jewish sector	
Admitting non-Jewish residents	1

1 19 responses obtained. Up to three changes and responses could be listed.

2 Two institutions referred to increasing home care services.

Table 33: Changes in Ability to Staff Institutions for the Elderly with Jewish Personnel and Response to these Changes[1]

	Number of Responses
Changes in Jewish Personnel	
Yes	14
No	7
Type of Change	
A. Decrease in availability of staff	**14**
Jewish professionals	7
Nurses	7
Occupational and physical therapists	1
Social workers	4
Volunteers	1
Response to decrease in availability of staff	
Expansion of recruitment effort	4
Transport Jewish volunteer program	1
Increased number of referral sources	1
Will take more funding	1
Institution cannot recruit, hire and train non-Jews	1
Increase pay for social workers and nurses	2
Outreach to schools of Jewish communal service	1
Where no alternative, non-Jewish personnel hired	2

1 21 responses obtained. Up to three changes and responses could be listed.

Table 34: Services Provided by Jewish Homes for Elderly Living in the Community[1]

Type of Service	Number of Responses
Case management	1
Adult day care	13
Children's day care	2
Consultation	2
Emergency response alarm system	1
Geriatric assessment center	3
Housing	8
Home care	5
Meal programs	11
Rehabilitation	4
Programs for families and public	3
Psychiatric unit	1
Religious services	1
Respite services	4
Security and housekeeping to Jewish apartments	1
Social health maintenance organization	1
Support group	1
Teaching nursing home	1
Transportation	1
Wellness clinic	

1 20 responses obtained. Up to six services could be listed.

Table 35: Plans to Develop or Expand Services Provided by the Homes for Elderly Living in the Community[1]

	Number of Responses
Yes	18
No	3
Type of Service	
Alzheimer's care program and specialty services	3
Day care	5
Geriatric counseling	1
Housing	10
Home health care	2
Extended care[2]	1
Care for mentally ill	1
Teaching nursing home	1
Rehabilitation	2
Outpatient services	2
Outreach	1
Long-term care insurance	1
Total-care retirement program	1
Exclusive facility for private pay constituency	1
Religious service involvement	1

1 21 responses obtained. Up to six services could be listed.

2 This includes post-hospital, respite and hospice care.

Table 36: Major Unresolved Problems in Meeting the Need for Institutional Care[1]

	Number of Responses
Staffing[2]	9
Funding	15
Transportation	1
Housing	2
Growing waiting list	1
Over-regulation and government control	3
Long-term care insurance	1
Alternative care through non-institutional setting	1

1 19 responses obtained. Up to three categories could be listed.

2 Of these, five institutions mentioned nursing shortages.

Table 37: Weakening of Family Support for the Elderly[1]

	Number of Responses
Families are less able or willing to:	
Assist their elders in their daily personal needs	4
Help finance services for their elders	7
Provide social and emotional support	3
Assist in securing help from formal services	3
Other	3

1 Nine responses obtained. More than one response could be listed.

Table 38: Services/Activities for Families of Institutionalized Elderly[1]

	Number of Responses
Yes	21
No	0
Type of Service/Activity	
Counseling, support groups[2]	33
Family council/association	6
Joint resident/family social activities	11
Monthly bulletin	3
Memorial service	1

1 21 responses obtained. Up to three categories could be listed.

2 A wide range of counseling and support groups were cited. Some homes reported more than one type of activity in this category.

Table 39: Innovative Programs for the Institutionalized Elderly and their Families

	Number of Responses
Yes	11
No	9

Beth Sholom Home of Central Virginia, Richmond, Virginia
- Ethics Committee

Beth Sholom Home of Eastern Virginia, Virginia Beach, Virginia
- Social programs for family and resident every Sunday
- Day program for the resident which encourages the family to join in as volunteer

Indianapolis Jewish Home, Indianapolis, Indiana
- Work activities program
- Intergenerational programs in which groups from Hebrew day school and Jewish community center provide entertainment, and youth groups conduct Shabbat services

Jewish Geriatric Home, Cherry Hill, New Jersey
- Monthly newsletter
- Education seminar
- Religious program which forges link between family and resident and families invited to participate in services, seder and oneg Shabbat

Jewish Home, Atlanta, Georgia
- Spouse support groups

Jewish Home for the Aged, San Francisco, California
- Intake process elicits high degree of involvement of families;
- Intramural staff routinely communicate with families of heavy care residents
- Availability of organized medical staff to families

Menorah Park Center for the Aging, Beachwood, Ohio
- Videotapes of family members shown to residents
- Families and residents Sunday bagel brunches
- Use of social service graduate students
- Caregiver stress research project

Table 39: Innovative Programs for the Institutionalized Elderly and their Families (cont.)

Metropolitan Jewish Geriatric Center, Brooklyn, New York
- During admission procedure, staff emphasizes mutual responsibility in continued care of resident. Family called upon to assist staff in problematic situations

The Montefiore Home, Cleveland, Ohio
- Family association to plan linkages between families and institutions

Sholom Home, St. Paul, Minneapolis
- Intergenerational youth programs

Table 40: Plans to Expand Services for Families of Institutionalized Elderly[1]

	Number of Responses
Yes	12
No	7
Type of Service	
Support groups	4
Volunteer programs	2
Family involvement in decisionmaking	4
Seminars and workshops	3
Special care unit for memory impaired	1
Increased involvement in caregiving	1

1 19 responses obtained. Up to three services could be listed.

Table 41: Innovative Programs to Mobilize Well Elderly to Meet the Needs of Jewish Homes for the Aged

	Number of Responses
Yes	10
No	9

Beth Sholom Home of Eastern Virginia, Virginia Beach, Virginia
- Special volunteers are trained to co-manage adult day health program

Dallas Home for Aged (Golden Acres) Dallas, Texas
- People in Jewish senior housing serve as volunteers for those in Home

Hebrew Rehabilitation Center, Boston, Massachusetts
- Well elderly conduct leisure programs, visit hospice patients, lead music programs, develop long-term relationships with residents, thereby providing support, peer-related continuity of community and validation of self

Heritage Manor, Youngstown, Ohio
- Professionals assisting in homes with accounting and computers

Jewish Geriatric Home, Cherry Hill, New Jersey
- Volunteer corps that is called on in emergency weather when staff are unable to get to facility; serve as drivers to take residents to outside appointments
- Early retirees volunteer to teach classes in adult education

Jewish Home for Aged in Detroit, Southfield and W. Bloomfield, Michigan
- Assist isolated elderly
- Meals-on-wheels
- Assist developmentally disabled children in religious school classes

Jewish Home for Aged, San Francisco, California
- Residents serve as volunteers through an "Incentive Program" which offers participants a cash gift twice a year: Hanukah and their birthday

The Jewish Home and Hospital, New York, New York
- Communications skills training program

Table 41: Innovative Programs to Mobilize Well Elderly to Meet the Needs of Jewish Homes for the Aged (cont.)

Menorah Park Center for the Aging, Beachwood, Ohio
- Patio picnics
- Elderly volunteers run snack shop and gift shop

Metropolitan Jewish Geriatric Center, Brooklyn, New York
- Volunteer supervisor reaches out to senior centers and housing projects to recruit
- Grant received to transport elderly volunteers during evening hours

Table 42: Innovative Programs Focusing on Intergenerational Relations within the Home

	Number of Responses
Yes	12
No	8

Beth Sholom Home of Eastern Virginia, Virginia Beach, Virginia
- Summer junior volunteer programs

Daughters of Israel Geriatric Center, West Orange, New Jersey
- "Bubbes and Babies"– a play group for mothers with young children and nursing home residents
- Shared holiday programs
- Children's birthday parties were held in home
- Speaking to schools and youth groups on the nature of aging, junior volunteers program and community service work
- Proposed intergenerational day care program
- "Musical Connection"– pen paling and music with Day Center clients and local school. Oldsters and youngsters get together and perform in an intergenerational choir throughout the State

Hebrew Rehabilitation Center, Boston, Massachusetts
- Foster grandparent group

Heritage Manor, Youngstown, Ohio
- Children's day care at Home

Indianapolis Jewish Home, Indianapolis, Indiana
- Junior high school visitation

Jewish Geriatric Center, Cherry Hill, New Jersey
- Monthly art exhibit where artists are invited to exhibit and meet with residents to discuss artistic media

The Jewish Home, Atlanta, Georgia
- Educational exchange program with second grade of private school with nursing home

Table 42: Innovative Programs Focusing on Intergenerational Relations within the Home (cont.)

Jewish Home for Aged, San Francisco, California
- Annual Generations Day – families/significant others attend picnic and dancing on the grounds of the facility along with residents, staff and volunteers.

Jewish Home of Central New York, Syracuse, New York
- "Adopt a Grandparent" program

The Jewish Home and Hospital for the Aged, New York, New York
- Intergenerational theater group and "adopt a grandparent" program

Menorah Park Center for the Aging, Beachwood, Ohio
- Mother and toddler visiting

Sholom Home, St. Paul, Minneapolis
- Young and old staff a knish booth at the state fairgrounds located across the street from the home

Table 43: Plans to Expand Intergenerational Programs within the Home[1]

	Number of Responses
Yes	10
No	10
Type of Intergenerational Program	
A. Cultural, Recreational and Social Activities	**4**
Day care center for children	1
Mother and toddler programs	2
Grandparent, grandchildren days	1
B. Education Programs on Aging	**2**
Relationship with neighboring school or university	2
C. Young Volunteers Helping Elderly Persons	**2**
Boy and girl scout visitation	1
Increased involvement by youth of all ages	1

1 10 responses obtained. Up to three programs could be listed.